

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035430

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 246

Primary Registration District No. 5744

Registrar's No. 88

FILED SEP 25 1962

VS 300 Rev. 4/59	DATE AMENDED	1. PLACE OF DEATH a. COUNTY <b>Madison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Madison</b>		
10620	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Castor Township</b>		Length of stay in 1b <b>years</b>	c. CITY OR TOWN <b>R.F.D. Fredericktown</b>	
20620		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>8 Miles S.E. of Fredericktown</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <b>8 Miles S.E. of Fredericktown</b>	
3		3. NAME OF DECEASED (Type or print) First <b>AVERY</b> Middle <b>SYLVESTER</b> Last <b>THOMASON</b>		4. DATE OF DEATH Month <b>September</b> Day <b>14</b> Year <b>1962</b>		
4 0		5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10-3-1889</b>	9. AGE (last birthday) <b>72</b>
5 1		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Bessville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
6	INSTEAD OF	13a. FATHER'S NAME <b>Monroe Thomason</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Lincoln</b>	14. NAME OF HUSBAND OR WIFE <b>Esther Thomason</b>	
7 0		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>R.F.D. Mrs. Esther Thomason - Fredericktown, Mo.</b>	
8 2		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Few minutes</b>		
9 4200A		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart Disease</b>		<b>years</b>		
10		DUE TO (c) <b>Generalized Arteriosclerosis.</b>		<b>years</b>		
11	MEDICAL CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pulmonary tuberculosis</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
12 90-0		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
13 1-0		20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year			
		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	
		21. I attended the deceased from <b>July 2, 1960</b> to <b>Aug 2, 1961</b> and last saw him alive on <b>May 4, '61</b> Death occurred at <b>5:00 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				
	AFFIDAVIT OF	22a. SIGNATURE (Degree or title) <b>Charles Michael M.D.</b>		22b. ADDRESS <b>Fredericktown, Missouri</b>	22c. DATE SIGNED <b>9-15-1962</b>	
		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-16-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Snowdenville Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Madison County, Missouri</b>	
		24. FUNERAL DIRECTOR <b>W. J. Adamson</b>		ADDRESS <b>Fredericktown, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-18-1962</b>	26. REGISTRAR'S SIGNATURE <b>Flarence Hicker</b>

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 1963

RECEIVED

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*V. Adamson*

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN, MD.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.